

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

MONTHLY OPERATION REPORT OF WASTEWATER TREATMENT FACILITY PERMIT NUMBER: W10036544 DATE: _____

DIAPERVILLE WASTEWATER TREATMENT FACILITY - LAGOON **MONITORING PERIOD:** FROM: 1-May-2017
TO: 31-May-2017

INFLUENT									EFFLUENT DISCHARGE															
Month: May 2017		TEST LIMITS							2		2		2		10		0.1		0.1		2		2	
DATE	DAY OF WEEK	RAINFALL (IN)	FLOW (MGD)	BOD (mg/L)	TSS (mg/L)	pH	TOTAL P (mg/L)	TOTAL MERCURY (ng/L)	FLOW (MGD)	BOD (mg/L)	TSS (mg/L)	E. COLI	D.O. (mg/L)	pH	NITROGEN, AMMONIA (mg/L)	TOTAL P (mg/L)	TOTAL SO4 (mg/L)	TOTAL MERCURY (ng/L)						
1-May-2017	Monday	1.04	0.011																					
2-May-2017	Tuesday	0.05	0.009																					
3-May-2017	Wednesday	0.00	0.013																					
4-May-2017	Thursday	0.00	0.008																					
5-May-2017	Friday	0.00	0.007																					
6-May-2017	Saturday	0.00	0.007																					
7-May-2017	Sunday	0.00	0.007																					
8-May-2017	Monday	0.00	0.006																					
9-May-2017	Tuesday	0.00	0.005																					
10-May-2017	Wednesday	0.00	0.003																					
11-May-2017	Thursday	0.00	0.008																					
12-May-2017	Friday	0.00	0.006																					
13-May-2017	Saturday	0.00	0.005																					
14-May-2017	Sunday	0.00	0.005																					
15-May-2017	Monday	1.80	0.006						0.270	6.00	16.00	10.0	9.92	7.83	0.20	0.52	21.00							
16-May-2017	Tuesday	0.13	0.010						0.270	<6	12.00	10.0	8.21	6.60	<0.1	0.53	16.00							
17-May-2017	Wednesday	1.55	0.008						0.270									1.30						
18-May-2017	Thursday	0.37	0.017						0.270															
19-May-2017	Friday	0.32	0.012						0.270															
20-May-2017	Saturday	0.07	0.008																					
21-May-2017	Sunday	0.00	0.012																					
22-May-2017	Monday	0.00	0.006																					
23-May-2017	Tuesday	0.00	0.007																					
24-May-2017	Wednesday	0.00	0.007																					
25-May-2017	Thursday	0.00	0.007																					
26-May-2017	Friday	0.05	0.003																					
27-May-2017	Saturday	0.01	0.008																					
28-May-2017	Sunday	0.52	0.006																					
29-May-2017	Monday	0.06	0.009																					
30-May-2017	Tuesday	0.02	0.006																					
31-May-2017	Wednesday	0.00	0.008																					
MIN. REPORTED VALUE									No Test															
MIN. PERMIT VALUE																								
AVG. REPORTED VALUE		0.19	0.008	No Test	No Test		No Test	No Test	0.270	6.00	14.00	10.0	9.07		0.15	0.53	18.50	1.30						
AVG. PERMIT VALUE										30	60	126			Req. Mon.	Req. Mon.								
MAX. REPORTED VALUE		5.990		No Test	No Test	No Test		No Test		6.00	16.00	10		7.83	0.20		21.00	1.30						
AVG. PERMIT VALUE												235		9										
REPORTED % REMOVAL				96%	84%																			
PERMIT % REMOVAL				85%	65%																			
PERMIT ANALYSIS FREQUENCY																								
PERMIT SAMPLE TYPE																								

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PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BAD RIVER WTR & SWR UTILITIES
ADDRESS: PO Box 39
ODANAH, WI 54861

WI0036544
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 54861
MINOR

FACILITY: BAD RIVER BAND
LOCATION: P.O. BOX 39
ODANAH, WI 54861

MONITORING PERIOD				
MM/DD/YYYY		TO	MM/DD/YYYY	
FROM	5/1/2017		TO	5/31/2017

CONTROLLED DISCHARGE
External Outfall

No Discharge ☐

ATTN: PHILIP LIVINGSTON, UTILITY DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	*****	mg/ L		Twice Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MINIMUM	*****	*****	mg/ L		Twice Every Week	GRAB
BOD, 5-day, 20 Deg. C	SAMPLE MEASUREMENT	13.5	13.5	lb/ d	*****	6.0	6.0	mg/ L		Twice Every Week	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	68 MO AVG	101 WKLY AVG	lb/ d	*****	30 MO AVG	45 WKLY AVG	mg/ L		Twice Every Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.8	SU		Twice Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Twice Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31.5	31.5	lb/ d	*****	14.0	14.0	mg/ L		Twice Every Week	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	135 MO AVG	202 WKLY AVG	lb/ d	*****	60 MO AVG	90 WKLY AVG	mg/ L		Twice Every Week	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	mg/ L		Twice Every Week	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/ L		Twice Every Week	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.5	0.5	mg/ L		Twice Every Week	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/ L		Twice Every Week	GRAB
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.5	21.0	mg/ L		Twice Every Week	GRAB
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/ L		Twice Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Philip Livingston, Utility Director		715-685-7878		
TYPED OR PRINTED		AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATION (Reference all attachments here)

Diaperville Prior to Discharge results- BOD=14mg/l, TSS=22mg/l, E.Coli=<10, pH=8.14, DO=11.10mg/l

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Rainfall	SAMPLE MEASUREMENT	5.99	*****	in	*****	*****	*****	*****		Daily	ROOTOT
46529 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. TOTAL	*****	in	*****	*****	*****	*****		Daily	ROOTOT
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.270	0.270	MGD	*****	*****	*****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. WKLY AVG	MGD	*****	*****	*****	*****		Daily	MEASRD
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.008	*****	MGD	*****	*****	*****	*****		Daily	ROOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Daily	ROOTOT
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	#/ 100		Twice Every Week	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 30 DA GEO	235 DAILY MX	#/ 100		Twice Every Week	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.30	ng/ L		Once Per Discharge	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ng/ L		Once Per Discharge	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96%	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84%	*****	*****	%		Twice Every Week	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Twice Every Week	CALCTD

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Outfall observation, visual, y/n response	SAMPLE MEASUREMENT	1	*****	Y=0;N=1	*****	*****	*****	*****		Weekly	VISUAL
84130 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	Y=0;N=1	*****	*****	*****	*****		Weekly	VISUAL

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